



Assessor's Office

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www.manchesterNH.gov/assessors

2021 Disabled Property Owners Exemption

Optional Exemption RSA72:27-a for the Disabled, RSA 72:37-b

******Applications accepted after January 1, 2021 - Application must be received by April 15, 2021******

Due to Covid 19; All Applications and required documents must be dropped off, emailed, or mailed to the Assessor's Office. We will contact you by phone for questions on your application

To qualify you must be:

- The owner of record on or before April 1, 2021
- A resident of NH for 5 consecutive years on or before April 1, 2021
- If real estate is owned by a spouse, they must have been married for 5 consecutive years on or before April 1, 2021
- Must be (or have been) receiving Title II or Title XVI Social Security Disability (Social Security Disability benefits convert to retirement benefits at age 65)
- Property where exemption is claimed must be applicant's principle place of abode to the exclusion of others.

Note: Income and Asset limits have been revised by the Board of Mayor and Aldermen for 2021. New amounts are below.

TOTAL INCOME from all sources including any retirement income and Social Security:

- **Single** person cannot exceed **\$41,000** per year - **Married** couples cannot exceed **\$55,000** per year

TOTAL ASSETS (at date of application) *excluding the value of your dwelling unit:*

- **Single** person cannot exceed **\$100,000** - **Married** couple cannot exceed **\$130,000**
- Include all personal property such as cars, trucks, RV's, trailers, antiques, furniture & jewelry.
- Checking and Savings account balances.
- CD's, IRA's, mutual funds, stocks, bonds, annuities, money markets, life insurance cash value, etc.
- Any other real estate owned anywhere (individually, jointly, in common, fractional) including land, mobile homes, condos, timeshares etc.
- Other assets tangible or intangible, less any good faith encumbrance.

You must provide the following (if applicable):

- 2020 Form SSA 1099 – Social Security Benefit Statement
- 2020 Federal income tax return including all W2's, 1099's, etc.
- 2020 VA benefits statements
- 2020 State Interest and Dividends Tax Forms
- Bank Statements -current 3 months (full copies) for all checking and savings accounts
- Current statements for CD, IRA, 401K, stocks and/or bonds, money markets, "Surrender value" of life insurance policies, etc.
- Property Tax Inventory Forms filed in any *other* town
- Copy of your Trust and Trust Amendments. (Attorney's affidavit may be required annually)
- Copy of Driver's license **or** birth certificate
- Current mortgage statement if you own more than a single family home.
- Documentation of any Alimony, Child Support, Rental, and Assistance from others.

If you qualify your exemption will be in the amount of **\$109,500** of assessment deducted from your total assessed value, and percentage of ownership. *RSA 72:41 Proration*

Note: Exemption amount may be revised before the Final Tax Bill due to Revaluation in 2021.

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CITY OF MANCHESTER

Disabled Exemption Application - Tax Year 2021

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:33

Applications accepted after January 1, 2021 - Filing deadline is April 15, 2021

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Note: All supporting documents we copy are shredded after application is finalized.

You can purchase them for .50 cents per copy. Shred: Yes or No _____

Map/Lot _____ Account No. _____ Applying for: Disabled Exemption
(Applicant)

Owner Name _____ Date of Birth _____

Co-Owner /Spouse _____ Date of Birth _____
(Name)

All additional Owners on deed _____ Relationship _____

Address/City/State/Zip _____

Married___ Single___ Widow___ Divorced___ How many years Married or Divorced _____

Telephone Number _____ Cell Phone Number(s) _____

Email Address: _____

NH Resident Since _____ Prior address if less than 5 years _____

Trust Name/Life Estate _____ **PA-33 must be completed with a full copy of the Trust**

Please indicate type of residence: Single _____ Multi Family # of units' _____

If you own a Multi Family, do you have a mortgage Y/N _____ Mortgage balance\$ _____

♦ Are you receiving a deduction or exemption from any other City or Town? YES _____ NO _____

○ What is your primary place of abode? _____

TOTAL INCOME INFORMATION: JANUARY 1 TO DECEMBER 31, 2020

(Please attach additional sheets if necessary)

Supporting Documents MUST be put in order of numbers and submitted with this application.

If any of the following categories do not apply to YOU, please write N/A in that space.

	Owner	Co-Owner (Spouse)
1. Social Security \$ (Gross, annual)	_____	_____
2. Sos. Sec. Disability Income (Title II or Title XVI)	_____	_____
3. VA Benefits (Pension/Disability Income)	_____	_____
4. Short Term/Long Term Disability Income	_____	_____
5. Wages, Salaries, Tips (Gross)	_____	_____
•	_____	_____
•	_____	_____
6. Pensions/Annuities/401k	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____

7. All Interest Income Acct Name and # _____ Amount _____

- Acct Name and # _____ Amount _____
- Acct Name and # _____ Amount _____
- Acct Name and # _____ Amount _____

8. All Dividend Income - Acct Name and # _____ Amount _____

- Acct Name and # _____ Amount _____
- Acct Name and # _____ Amount _____

9. Real Estate Rental Income _____ Annual Amount _____

10. Alimony \$ _____ gambling etc. \$ _____ Annual Amount _____

11. Is anyone (other than a spouse or co-owner) living with you? Yes _____ No _____

If Yes, please list amount of assistance, bills, or rent paid annually _____ Total amt _____

Additional Comments:(attach additional sheets if necessary) _____

♦ **Total Income:**\$ _____

TOTAL ASSETS: as of the Date of this Application (Please attach additional sheets if necessary)

12. Other Real Estate: _____

(Street Address) (Market Value) (Please attach copy of property tax bill.)

Do you own (individually, jointly, in common, fractional, etc.) any other real estate anywhere including homes, land, mobile homes or time shares Y _____ N _____

13. **Vehicle 1:** Make _____, Model _____, Year _____, Miles _____ Value _____

Vehicle 2: Make _____, Model _____, Year _____, Miles _____ Value _____

Vehicle 3: Make _____, Model _____, Year _____, Miles _____ Value _____

14. Other Personal Prop _____ Lot of land _____

(Description) (Value) (Description) (Value)

15. Please attach current full copies of 3 months/or quarterly statements on all accounts

Checking Account #	Bank Name	Name(s) on account	Balance

Savings Account #	Bank Name	Name(s) on account	Balance

Credit Union Account #	Credit Union Name	Name(s) on Account	Balance

CD Account #	Bank/ Institution Name	Name(s) on Account	Balance

The City will not release or discuss your information with any party without your express written permission.

☐ Check here if you would like us to discuss your application with a family member, friend or caregiver.

Name of that person, relationship _____ Phone# _____

Name of that person, relationship _____ Phone# _____

Signature _____ Date _____

For the Assessing Office Only

Multi Family Asset

Number of units _____

Total assessed value \$ _____

Total assessed land value \$ _____

Total assessed building value \$ _____

Mortgage amount \$ _____

Application Taken By: _____

Date _____

Do the taxpayers need a mortgage letter _____

Comments on Application _____

Approved _____ Denied _____ Date _____

Last Name _____

Map/Lot _____

Account _____

City of Manchester NH, Assessors Department

Disabled Exemption - Certification Affidavit

To Be Read and Acknowledged By The Applicant: **I hereby certify under unsworn falsification** that the Disabled Exemption application with financial documentation submitted to the Manchester Assessing Dept. for the Disabled Exemption is **complete, true and correct.**

*I/We are also a legal resident of New Hampshire for at least 5 consecutive years; and one or both are under the age of 65 years and receiving Title II or XIV of Social Security Disability all as of April 1st.

Additional requirements for this exemption shall be that the property is:

- ☐ Owned by a Manchester resident; or jointly or in common with the residents' spouse, either of whom meets the Disability requirement for the exemption claimed, and they have been married to each other for 5 consecutive years prior to April 1st of the year the exemption is claimed; or
- ☐ If owned with someone other than a spouse – Exemption will be according to percentage of ownership.
- ☐ I am not receiving any other Exemption or Credit in any other community within New Hampshire and I am not receiving similar benefits in any other state, such as the Florida Homestead Exemption.

I hereby attest that _____ is my primary residence.
(address)

Be aware:

- If your income or asset level changes and there is a possibility that you no longer qualify for the exemption, **you are obligated by law to advise the Manchester Assessing Department.**
- If your marital status changes you must notify the Manchester Assessing Department.
- A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he makes any written false statement which he/she does not believe to be true, or if he/she knowingly creates a false impression in this written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he submits or invites reliance on any writing which he/she knows to be lacking in authenticity. RSA 641:3, II, (a) (b) (d) (supp.)

I/ We have read the above statements and fully certify that I/we understand them.

Any misrepresentation may result in court action for recovery.

Signature of applicant _____

Applicant (print name) _____ Date _____

Signature of applicant _____

Applicant (print name) _____ Date _____